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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	See Attachment A
	Filing Date	See Attachment A
	First Named Inventor	See Attachment A
	Art Unit	See Attachment A
	Examiner Name	See Attachment A
	Attorney Docket Number	See Attachment A

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.

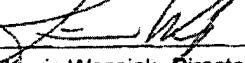
OR

 I hereby appoint the practitioners associated with the Customer Number: 20786 Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 20786

OR

 Firm or Individual Name: Holmes J. Hawkins III
King & Spalding, LLPAddress: 1180 Peachtree Street, NECity: AtlantaCountry: USA State: Georgia Zip: 30309-3521Telephone: 404-572-2443 Email: [Email]

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**Signature: Name: Kevin Wozniak, Director, Office of Technology LicensingDate: Feb. 9, 2009Telephone: 404-894-6287

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of 1 forms are submitted.